

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of Invention	METHOD OF DEFECT REVIEW
<p>Application Type : regular, utility Attorney Docket Number : LKSP0029USA</p>	
<p>Correspondence address: Customer Number: 027765</p> 	
<p>Inventor Information:</p> <p><u>Inventor 1:</u></p> <p>Applicant Authority Type: Inventor Citizenship: TW Given Name: Long-Hui Family Name: Lin Residence: City of Residence: Hsin-Chu Hsien Country of Residence: TW Address-1 of Mailing Address: 6F-2, No. 25-3, Chu-Chung Rd., Chu-Tong Town Address-2 of Mailing Address: City of Mailing Address: Hsin-Chu Hsien State of Mailing Address: Postal Code of Mailing Address: Country of Mailing Address: TW Phone: Fax: E-mail:</p>	
<p>Attorney Information:</p> <p>practitioner(s) at Customer Number: 027765</p>  <p>as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>	